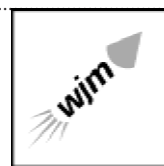


Rocket science

wjm launches a fast-track system for publishing important papers



Have you written a paper that you think clinicians need to read urgently? Do your research findings have immediate implications for public health policy? If so, you may want to take advantage of *wjm*'s new fast-track system by which we can offer rapid peer review and publication of important papers.

This month we feature our first article that has been fast-tracked to publication, as shown by the rocket logo (see box). On p XXX, Ginsburg and colleagues report the results of a survey of physicians from 5 California counties that explores their attitudes toward using cost-effectiveness as a component of their clinical decision making. Nearly all physicians believed that there was a legitimate need for cost containment in today's health care environment. No surprises there. But when questioned further, more than half believed that a physician has a duty to offer any intervention with a marginal benefit, regardless of its cost. Physicians recognize that resources are limited, but many aren't willing to accept their own role in negotiating trade-offs between the costs and benefits of medical treatments. Although the study has a number of methodologic limitations—discussed by Hoffman and Wilkes in their commentary on p XXX—it focuses our attention on the pressing issue of cost-effectiveness.

Why did we fast-track the paper? The study forms part of a regional project called Visible Fairness,* initiated by the nonprofit organization Sacramento Healthcare Decisions. This month, the project will involve the local media and the public in a debate about which medical interventions should be paid for, and which should be denied, by

providers. It wants providers to make decisions that are “fair” and “visible” to the public. We thought that fast-track publication of the study would help consumers to understand physicians' decision-making processes and would stimulate urgently needed public, media, and professional debate about cost-containment policies. In addition, we understand that many health plans are considering incorporating cost-effectiveness criteria. They should not do so behind closed doors—all stakeholders in health care must be involved.

Fast-tracking an article has considerable resource implications because it demands time of editors and peer reviewers. It will, therefore, be reserved for only those of great importance, that will change clinical practice immediately, or that have urgent public policy implications. We will not fast-track papers because of an author's eminence, institutional pressures, or any other spurious reason. We envisage fast-tracking a handful of high-quality research papers to publication each year.

If you request fast-track publication, make your reasons explicit. Within 3 working days, we will give you 1 of 3 answers. First, we may reject the paper as being unsuitable for *wjm*. Second, we may decide that the paper does not warrant urgent review, but we would like to put it through our usual editorial processes. Finally, we may agree that it merits fast-track review, and we will have it peer reviewed and considered at our next editorial advisory committee meeting, which is usually within 1 month. If the committee decides that we should publish the paper, we will do so in the next issue that goes to print. You need to be available to make quick revisions to the manuscript.

The system is an experiment that will be evaluated as we go along. If it works, it will lead to *wjm* publishing more “rocket science.”

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West J Med
2000;173:369

* Details of the Visible Fairness project, including a list of the partners involved, can be found at http://www.sachealthdecisions.org/html/visible_fairness_project.html